

ATTACHMENT A

APPLICATION INSTRUCTIONS

1. GENERAL INSTRUCTIONS

a. **General.** See **Checklist** for submission of items in ATTACHMENT B. Word or pdf files formats may be used. Letters must include a signature (i.e., they must be a scanned copy of an original, signed document).

b. **Font and margin sizes.** Font size must be 10-point or larger, with 12 point preferred for narrative portions. Margins must be at least one inch all around (excluding headers and footers).

c. **RFP Online submission Process.**

Submit **each required element** of the application **in an electronic format** by logging onto <http://vaww.oaa.med.va.gov/Login.aspx> and going to the "CRQS Application" data entry section. **Deadline for submission is June 15, 2012.** **Incomplete applications** (i.e., those lacking in one or more elements) **will not be considered** by the review panel. The GME CRQS link above will be **open from April 16, 2012** and ready to accept applications, which may be changed or modified up to the closing date for applications. We encourage you to begin to collect the necessary files as early as possible. Only authorized individuals from the DEO's office may upload files into the application database.

Enter ▶	Chief Resident in Quality and Patient Safety RFP	Approved	?	6/16/2012	Reports
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2. FACILITY APPLICATION PACKAGE INSTRUCTIONS

The following elements and information must be submitted in the appropriate location in the GME Enhancement Application database online submission site:

a. **CORE UPLOAD.** The core institutional proposal **must not exceed 5 pages** in a pdf file (**exclusive of the signature page**). The core proposal is intended to give the reviewers an overview of the educational environment, program status, the proposal for the CRQS curriculum, and the proposed evaluation methods. *[NOTE: if your site is applying for CRQS positions in more than 1 program, please notify OAA. You will need to submit a "core upload" for each program in which a CRQS is requested.]*

Use the format and outline below:

I. Program and sponsoring Institution Demographics

a. Program Name:

b. Number of VA-assigned residents in core program:

c. Number of existing VA-paid CR positions (exclusive of the CRQS position for which application is made) in the applicant program:

- d. **Program Accreditation Status:**
- e. **Program Accreditation Cycle Length:**
- f. **Rolling Board Pass Rate:**
- g. **Sponsoring Institution Name:**
- h. **Sponsoring Institution Accreditation Status:**
- i. **Sponsoring Institution Accreditation Cycle Length:**

II. Chief Resident in Quality & Patient Safety (CRQS)

- a. **Goals and Objectives:** Briefly describe your overall goals and objectives for the CRQS position.
- b. **Curriculum:** Briefly describe the curriculum from the standpoint of:
 - 1. What the CRQS will learn
 - a. Describe the formal and informal education the CRQS will be expected to complete, including self-study, over the course of the year;
 - b. Include a summary of the desired competencies of the CRQS and how these will be achieved.
 - 2. What the CRQS will teach
 - a. Describe how the CRQS will interact with and oversee the involvement of more junior residents and other trainees in quality and patient safety activities; and
 - b. Describe how the CRQS and other trainees will be integrated with ongoing facility-level, interprofessional risk management, patient safety, and quality management activities.
 - 3. For those sites applying for an additional CRQS, describe how the additional CR will fit in to the existing program or a separate program and describe common curriculum enhancements or separate "tracks" the additional resident will follow. Describe interaction of the CRQSS with each other.
 - 4. Include CRQS attendance at least one session in which VA's National Center for Patient Safety faculty participate, and
 - a. Include CRQS and faculty mentor participation in the VA national curriculum that is being developed for this initiative (participation will include at least 1 off-site session); and
 - 5. Include a major study or quality improvement or patient safety project.
 - 6. Describe how you will orient the CRQS to your facility at the beginning of the AY (especially if the CR is new to your affiliate and your VA facility).
- c. **Mentor:** Provide a brief description of the CRQS mentor(s), his/her qualifications, teaching experience, and interest/experience in quality management and/or patient safety.
- d. **Evaluation:** Describe how you will evaluate:

- 1) **CRQS:** Achievement of desired competencies and other outcomes (e.g., presentation at a national meeting);
- 2) **Residency program impact:** On trainees in the targeted program and other residency programs at your site or at other VAMCs; and
- 3) **Institutional outcomes:** Improvements in patient safety or quality programs or measures at your site or other VAMCs.

e. Approval Signatures and Dates [include the following statement and signatures on a separate page – DOES NOT count against the 5-page limit on the narrative.]

Note: signing this document indicates your support for the CRQS position and willingness to integrate this position into your facility's quality improvement and patient safety programs. Include the following statement above your signatures:

" We agree to:

- Provide the necessary mentoring support for the CRQS,
- Submit annual reports (Site Director & DEO only)
- Participate in OAA-sponsored meetings of participants from each approved CRQS site (as appropriate – mentor & CRQS)
- Participate in the national curriculum that is being developed for the CRQS program (as appropriate – program, mentor, & CRQS).

We support the creation of the CRQS position and are willing to integrate this position into our VA facility's interprofessional quality improvement and patient safety programs.
"

A. Program Director:

Printed name:

E-mail:

Telephone:

Date

B. VA Site Director:

Printed name:

E-mail:

Telephone:

Date

C. CRQS Mentor:

Printed name:

E-mail:

Telephone:

Date

D. Designated Institutional Official (affiliate):

Printed name:
E-mail:
Telephone:

Date

E.Designated Education Officer (VA)

Printed name:
E-mail:
Telephone:

Date

III. SUPPORT UPLOADS: Support letters

Letters of support in the following categories may be entered (uploaded) **as pdf or tif files (scanned from signed originals)**. Please use the outlines for each letter that are provided below in order to ensure that reviewers have the specific information that they will use to evaluate the proposals. Please emphasize your particular leadership perspective. Limit each letter to no more than two pages. The letter should be addressed to " Malcolm Cox, MD, Chief Academic Affiliations Officer (10A2D)."

i. Medical Center Director and Chief of Staff

- a. Comment on the clinical & educational environment at the facility.
- b. Indicate support for requested the requested additional position for a CRQS and willingness to support faculty development and protected time to participate in the professional development of the CRQS, especially for the mentor of the CRQS.
- c. Describe the local institutional culture with respect to quality and patient safety, plus the organizational structure for quality management and patient safety.
- d. Describe your level of enthusiasm for integrating the CRQS and other trainees into ongoing quality improvement, patient safety, and risk management activities.
- e. Indicate a willingness to support off-site travel for participation the NCPS course and other national CRQS curriculum-related meetings.
- f. Assess the potential educational and clinical , value" of the CRPOS position to the facility

ii. Network Director

- a. Describe the relevance of the facility CRQS proposal to the VISN's education and clinical missions.
- b. Specify your rationale for wanting establish a CRQS positions at the applicant site (VISN perspective)
- c. Assess the VISN and facility's ability to productively use a CRQS to meet training needs in quality and patient safety and to act as a change agent in these areas.
- d. Elucidate the perceived merits of the facility proposal from the VISN and national perspective;
- e. Identify the Network POC, i.e., the Network Academic Affiliations Officer or Chief Medical Officer, as appropriate

ATTACHMENT B

APPLICATION SUBMISSION CHECK LIST

INSTRUCTIONS: Incomplete applications will not be considered by the review committee. The following list is to assist your planning and represents the required sections for this application. See ATTACHMENT A for detailed instructions and outlines.

- **CORE UPLOAD:** Not to exceed 5 pages (plus signature page, page 6) – the core upload must use the outline provided in Attachment
- **SUPPORT UPLOADS:** Letters of Support (facility/VISN letters – must follow the outlines provided):
 - Medical Center Director and Chief of Staff (limit 2 pages)
 - Network Director (through VISN Chief Medical Officer and the Network Academic Affiliations Officer) (limit 2 pages)